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ABSTRACT

Data obtained from interviews with 1,804 non-institutionalized Hispanic elderly (age 55 and over) were analyzed to determine what factors best predict this group's use of informal mental health support (i.e., spouse, relatives, and friends). The study was a secondary analysis of data collected in 1979-80 using a national sample stratified by geographic region. Twenty-two variables were selected from this data and classified according to the Andersen and Newman framework which conceptualizes the individual's demand for services as a function of relationships among predisposing, enabling, and need-for-care factors. Variables selected included gender, ethnicity, education, income, community and family characteristics, rural/urban residence, contact with kin, self-rated health status, and perceived number of psychological problems. Path analysis was used to determine relative importance and interrelationship of the variables. The strongest predictor of informal mental health support use was number of psychological problems (need-for-care factor), followed by age density (enabling factor) and perceived age discrimination (predisposing factor). Elderly Hispanics with more psychological problems, who lived in less age dense rural areas, and who felt more age discrimination relied more on informal mental health support than those with other characteristics. These findings have implications for mental health service delivery models for the Hispanic elderly. (JHZ)

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THE INFORMAL MENTAL HEALTH NETWORKS OF THE HISPANIC ELDERLY

by *

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Abstract

The determinants of the use of formal services have been widely studied. However, we have relatively little empirical information about the use of the informal mental health networks by the Hispanic elderly. This study develops and tests a causal model of the utilization of informal mental health support by four Hispanic subgroups.

The model was evaluated via path analysis. The results indicate that three of the twenty-two variables employed in the model directly affect the use of informal support and jointly account for 24% of the variance. Of these three variables, the number of psychological problems was the strongest predictor of frequency of informal support followed by living in a rural area and age discrimination.

The Utilization of Informal Mental Health Support by the Hispanic Elderly

Empirical studies pertaining to the utilization of informal mental health support by the Hispanic elderly are relatively absent from the Gerontological literature. The studies that do exist have been primarily concerned with identifying and describing the components of informal support rather than establishing the causal relationship among the predicts of informal support (Valle and Mendoz, 1978; Keefe, et al, 1979; Lacayo, 1980). Moreover, most studies have focused on informal support as an intervening variable or buffer for life events rather than studying support as a dynamic variable (Thoits, 1982; Korte, 1979; Miranda and Ruiz, 1980). None, of the existing studies, have attempted to develop and test structural models that explain informal mental health support as a complex behavioral process.

Existing studies provide useful insites into the subjective and existential experience of the Hispanic elderly's informal support system. They do not, however, lend themselves to the development of the kind of theoretical models from which we could predict the informal utilization behavior of the Hispanic elderly. Additionally, there are conflicting opinions as to the structure, integration and viability of the Hispanic elderly's informal support system (Maldonado, 1975; Newton, 1980; Keefe et al, 1979; Ramirez, 1980; Miranda and Ruiz, 1980). As a result, there is a great deal of ignorance about the demographic, social, psychological, family, community and need characteristics of the Hispanic elderly and how these characteristics influence use of informal support. The purpose of this study is to employ Andersen and Newman's (1973) framework to analyze what predisposing, enabling and need factors best predict the utilization of informal mental health support (i.e., spouse, relative, friend) by the Hispanic elderly.

FORMAL SUPPORT

Andersen and Newman (1973) have proposed a sophisticated framework for analyzing the individual determinants of service use. This model as modified by the authors, conceptualizes the individual's demand for services as a function of a linear relationship among predisposing, enabling and need factors. Based on this model, some individuals are more inclined to use services because of certain background characteristics such as: demographic, social structural and beliefs (Predisposing Factor). However, service use is contingent on the availability and accessibility of community and family resources (Enabling Factor). Finally, the individual must recognize the need for services before actual use takes place (Need Factor). This model has been applied extensively to use of health service and social services use (Andersen and Aday, 1978; Wan, 1982; Wright et al., 1979; Mindel and Wright, 1983; Starrett et al., 1983, 1984) and not at all to formal or informal mental health utilization.

The utilization of services by the elderly has been found to be partially determined by various factors such as: socio-demographic (McCaslin and Calvert, 1975; Downing, 1977; Wright et al., 1979); social and psychological (Battistella, 1968; Harris, 1975; Lowry, 1979); economic, community and environmental (Cantor, 1975; McKinley, 1972; Ward, 1977) and need (German, 1975; Wright et al, 1979; Hess and Markson, 1980; Mindel and Wright, 1982). In addition, the role of the family, relative, and friend networks in providing help and support to the elderly is well documented (Shanas, 1967; McKinley, 1972; Shanas, 1973; Hays and Mindel, 1973; Shanas, 1979; Cantor, 1979; Dowd & Bengtson, 1978; Mindel and Wright, 1982, Starrett, et al., 1983). Moreover, a number of studies have demonstrated the positive adaptive and supportive aspects of the Hispanic kinship network (Moore, 1971; Grebler et al.,

1970; Keefe et al., 1979; Wagner and Schaffer, 1980; Mindel, 1980; Baca Zinn, 1981).

In general, these studies have found that need was the strongest predictor of use of Health Services. The enabling and predisposing factors were only weakly associated with use leading Wolinsky (1978) to question the relevance of these factors. However, because of the discretionary nature of social services use several studies have found that the enabling factor takes on greater importance than the need factor in predicting use (Wan and O'Dell, 1981; Starrett et al., 1983). Formal mental health and informal utilization causal studies do not exist to make comparisons too.

INFORMAL SUPPORT

The conceptual components of the informal support have been variously defined by the amount of support; types of support (e.g., instrument or expressive); source (e.g., primary (kinship), secondary (friends and neighbors)); structure (size, density, accessibility, reliance on); quality of support; duration; location (space & time) and relational components (content, intensity, reciprocity) Thoits, 1982; Canter, 1979; Ellison, 1983; Shanas, 1979; Shanas, 1973). Due in part to the multidimensionality of social support, its role as a direct predictor or intervening variable in studies of life satisfaction, health and mental health, has resulted in mixed results (Thoits, 1982; Larson, 1978; Delgado, 1983; Williams et al, 1981; Keefe et al., 1979; Berkman and Syme, 1979). Moreover, social support importance as a dynamic variable has rarely been studied (Thoits, 1982).

Research studies have found informal support to be related to certain demographic variables (e.g., sex and citizenship) (Blau, et al., 1979; Starrett et al., 1983); social structural variables (e.g., sex, marital status, ethnicity, mobility and family size)(Williams et al, 1981; Cantor, 1979;

Mindel, 1980; Dowd and Bengtson, 1978; Starrett, et al., 1983; Keefe, 1979); psych-social variables (role satisfaction) (Williams et al., 1981); family variable (e.g., living arrangements, proximity of kin and income) (Cantor, 1979) and community variables (urban/rural living) (Korte, 1982). However, none of these studies have focused on what pattern of variables best predicts the utilization of informal mental health support by the Hispanic elderly.

This study employs the Andersen and Newman (1973) model to classify the twenty-two variables (See Figure 1) selected for analysis and tests a

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INSERT FIGURE 1

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causal model of social service utilization by the Hispanic elderly. The results should answer the following questions:

(1) which factors (e.g., need, predisposing or enabling) are most important in determining the use of informal mental health support? (2) How much variance in utilization can be explained by the variables in the model? (3) What is the magnitude of direct and indirect effects of the predictor of informal use and (4) Do the Hispanic elderly have a discrete pattern of informal service use?

METHODS

DATA

This study represents a secondary analysis of a data set that was collected in 1979-80 entitled "A National Study to Assess the Service Needs of the Hispanic Elderly" (Principle Investigator, Carmela G. Lacayo). The data was provided by the National Association for Hispanic Elderly and was gathered from a national area probability sample of 1805 non-institutionalized Hispanic individuals age 55 and over. The characteristics of the sample are: ethnic identity - Mexican-American 59.3%, Puerto Rican 15.8%, Cuban 6.2% and other Hispanic 18.8%; sexual composition - 48.6% males and 51.4% females; the mean age was 66.5; marital status-not married 47% and married 53%; mean

education was five years; and mean income was $3,999.

The original study data were obtained from cross sectional survey interviews administered in the home using a pretested instrument constructed by the National Association of Hispanic Elderly in consultation with the Administration of Older Americans (AOA), the United States Bureau of Census and Kaiser Permanente Research Department. The resulting instrument was a combination of the Older American Resources and Services Functional Assessment Questionnaire (OARS) and the Subjective Distress Scale of Psychiatric Status Schedule (PSS).

MEASUREMENT

Predisposing Factor. The demographic variables were measured as follows: Nativity was dichotomized,(United States=1, Other=0); Gender was dichotomized, (Male=1, Female=0); and age was measured by actual age. The social structural variables were measured as follows: ethnicity was dummy coded, (Puerto Rican=1, Cuban=1, South/Central American=1, Mexican American=0); Education was measured by actual grade completed; Family size was measured by actual number of children; Residential mobility was measured on a scale ranging from 0 through 5 (No other city=0, Five or more cities=5; and Employment status was dummy coded (Working=1, Housewife=1, Disabled=1, Retired=0). The belief variables were measured as follows: Perceived Sex, Race and Age discrimination were each measured separately by summing the number of personal discrimination acts experienced by the respondent.

Enabling Factor. The community variables were measured as follows: Urban or Rural residence was dichotomized, (Urban=1, Rural=0); Age density was measured by the actual percentage of elderly residents in a census tract; Availability of transportation was measured by the actual number of blocks to the bus stop; Participation in senior church activities was measured on a scale ranging from 1 through 5 (Never=1, Very often=5); Contact with friends/

neighbors was measured on a scale ranging from 0 through 4 (None=0, Everyday=4); and perceived neighborhood cohesiveness was measured by summing the number of reasons a respondent does not move. The Cronbach's alpha reliability co-efficient was .76, for this index. The family variables were measured as follows: living arrangement was dichotomized for each variable separately (No one=1, Other=0) (Spouse=1, Other=), (Parents and children=1, Other=0), (Children=1, Other=0); Annual family income was measured on a scale ranging from 1 through 15 (0-499=1, 40,000-above=15); and Contact with kin was measured separately for contact with children and relatives on a scale ranging from 0 through 4 (None=0, Everyday=4).

NEED FACTOR

The need variables were measured as follows: Self-rated health status was measured on a scale ranging from 1 through 5 (Very poor=1, Very good=5); and functional ability was measured by summing the number of difficult daily living tasks out of 12 mentioned by the respondent. The Cronbach's alpha reliability coefficient was .87 for this index. Perceived number of psychology problems was measured by summing the number of problems out of 4 (e.g., depression, family problems, afraid, worry) mentioned by the respondent. The Cronbach's alpha reliability coefficient was .71 for this index.

UTILIZATION

The utilization of informal mental health support was measured by summing the number of times support was used out of 3 (e.g., spouse, relative, friend) mentioned by the respondent.

METHOD OF ANALYSIS

The method of analysis used to ascertain the relative importance and interrelationship of the variables employed in the model was that of path analysis. In general, path analysis proceeds by solving a series of

recursive regression equations in which each of the previously independent variables becomes the dependent variable in the next equation. The results indicate how much of the original correlation between the dependent and independent variables is accounted for by direct, indirect and unexplained effects while at the same time controlling for the effects of all other variables in the equation (Kerlinger & Pedhazur, 1973; Schumm, et al., 1980; Nie et al., 1975). These results are then placed on a path diagram to visually illustrate the pattern of relationships within the model.

FINDINGS

The basic causal model of utilization and the variables included in this study are presented in Figure 1. The basic model was transformed into a series of structural equation from which standardized partial regression coefficients (path coefficients) were estimated. The zero order correlation coefficients, means and standard deviations for all the variables within the model are shown in Table 1. Not all of the original twenty-two variables in Figure 1 are included in the path diagram, (Figure 2 and Table 2), nor are all paths between variables so illustrated. Due to the large sample size it was felt that traditional significance tests, either on the Beta weight or on the increment of additional explained variance, would produce numerous paths that were statistically significant but superfluous or meaningless. In the interest of scientific parsimony only path coefficients that were both statistically significant at better than the .05 level and explained at least 1% of the variance were retained in the path model (Mindel and Wright, 1982). The resulting path diagram presented in Figure 2 and Table 2 is the end product of this process.

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INSERT TABLE 1

INSERT FIGURE 2

INSERT TABLE 2

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The findings indicate that only three of the twenty-two variables used in the study directly affected the utilization of informal support. These three variables, number of psychological problems (need factor), age density (enabling factor) and age discrimination (predisposing factor), jointly account for 24% of the variance in service use. The nineteen remaining variables jointly account for 2% of the variance and none of them had a direct impact on service use.

The strongest predictor of informal mental support was the number of psychological problems (.47) followed by age density (-.09) and age discrimination (.05). Moreover, these three variables act as important intervening variables for the indirect effects of the other significant variables within the model.

Among the variables included in the need factor only the number of psychological problems (.47) directly affected use. Which suggests the greater the older person's psychological problems, the greater is their inclination to turn to the informal system for support. The number of psychological problems was directly affected by lower health (-.33) and being a female (-.09).

Of the variabies in the enabling factor, only the community variable age density (-.09) directly affected use. The Hispanic elderly who live in less age dense areas (rural) are more likely to utilize the informal support system. Age density was directly affected by being a Mexican American versus a Cuban, Puerto Rican or South/Central American, by being born in the United States and negatively by age discrimination.

The only predisposing variable to directly affect informal support was age discrimination. The greater the perceived age discrimination, the greater the elderly tend to use informal support. Age discrimination was directly affected more by being retired versus being a housewife. In addition,

age discrimination indirectly affected informal support through age density. It would appear the age discrimination is felt more by those elderly living in rural areas.

DISCUSSION

The major health and social service utilization studies indicate that psychological states of the mind have limited utility for directly predicting formal service use (Wolinsky, 1978). However, the present study indicated that when the number of psychological problems was employed as an indicator of need, they did exert a significant direct affect on informal use. Although this is the first empirical confirmation that the Hispanic elderly employ informal support in proportion to their psychological needs. This should come as no surprise to those in the Chicano Mental Health Literature who have stressed the supportative nature of the Hispanic social network (Newton, 1980; Ramirez, 1980; Miranda and Ruiz, 1980). In addition, those elderly with the greatest number of psychological problems are in the poorest health and are female, have important implications for policy and service delivery. This study confirms the importance of the informal support system in sustaining the mental health of the Hispanic elderly.

Of those variables in the enabling factor, only age density had a direct negative causal effect on informal support. This finding suggests that rural elderly rely more heavily on the informal support system. In addition, those elderly tend to be Mexican-American, born in the United States and have experienced more discrimination. Not only do these background characteristics have important service delivery implication but what happens to those Hispanic who no longer have a strong informal social support network.

An interesting and somewhat unusual finding is that age discrimination (a predisposing variable) was for the first time found to be both directly and indirectly related to use of informal support. In addition, age discrimination was perceived more by those who were retired. It would appear that as a result of the barrier's in society (e.g., work and upward mobility, access to the formal service system) those Hispanic elderly who have felt or are more aware of age discrimination turn to the informal network for their support. Moreover, many Hispanic elderly have no pensions and do not qualify for social security, making age discrimination in the work place a paramount issue. When the majority of income sources are cut off from the elderly Hispanic who else could they turn to other than the family.

In summary, this study has suggested and tested a causal model of informal Mental Health Support by Hispanic Elderly. This model has demonstrated the positive supportive nature of the Hispanic elderly's social support network. Moreover, those elderly Hispanic with more psychological problems, who live in rural areas and feel more age discrimination rely more on informal support than elderly with other characteristics. This finding suggests that more research and service delivery is needed to understand what happens to those Hispanic elderly without an intact informal support network.

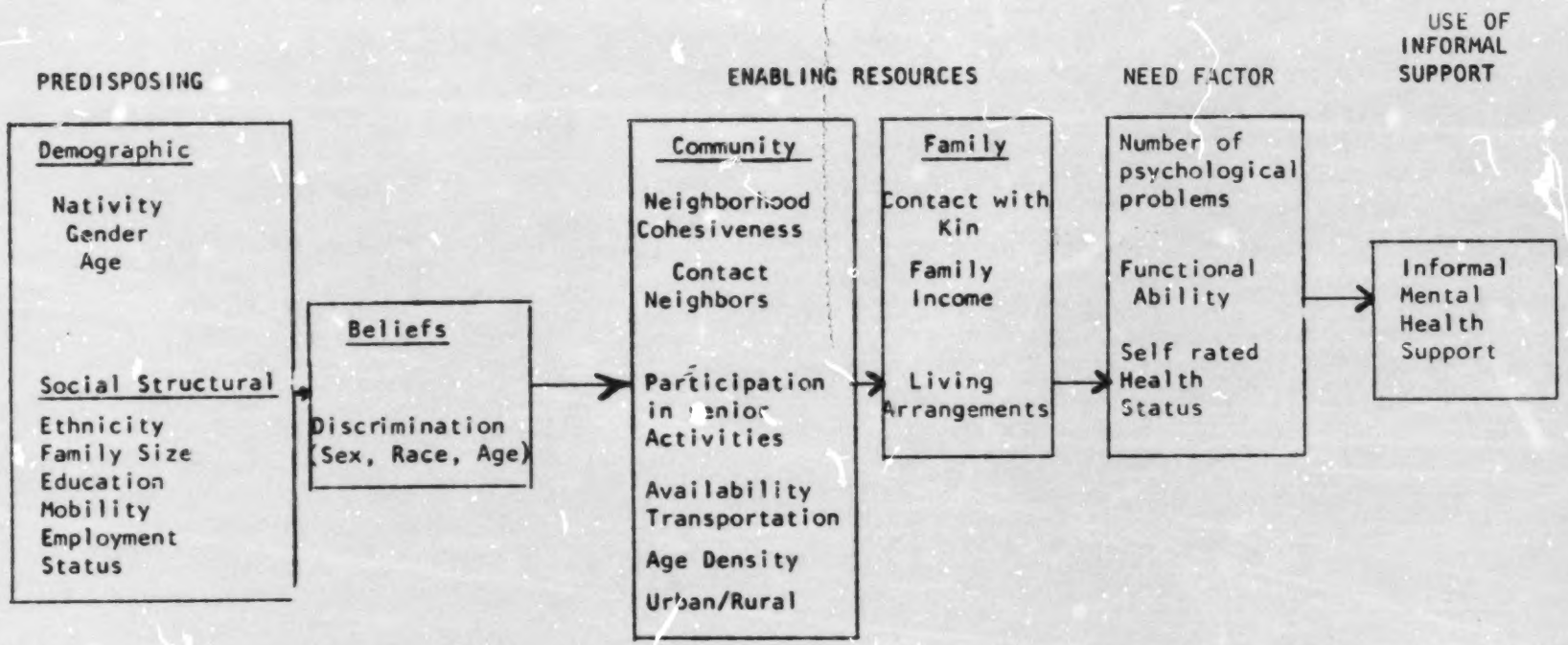

FIGURE 1

Path Model of Informal Mental Health Support

TABLE 1

Zero Order Correlation
With Mean and Standard Deviations
For The Variables Within The Model

VARIABLE LABEL	MEAN	STD DEV	CORRE-LATION
Age Discrimination	.113	.435	.13
Sex Discrimination	.024	.214	.02
Ethnic Discrimination	.159	.543	.03
Informal Support	.264	.675	1.00
Working vs Retired	.279	.448	-.06
Disabled vs Retired	.139	.398	.11
Housewife vs Retired	.236	.425	.03
Education	5.020	.908	-.06
Gender	.486	.500	-.05
Cuban vs Mexican American	.116	.320	-.02
Puerto Rican vs Mex Amer	.130	.336	.00
South Central vs Mex Amer	.110	.313	.03
Psychological Problems	1.176	1.250	.48
Age Density	5.234	3.030	-.11
Living w/Husband & Wife	.300	.459	-.01
Living w/Parents & Children	.218	.413	.02
Living Alone	.254	.435	-.02
Health Status	3.549	1.017	-.20
Family Income	5.900	1.978	-.04
Nativity	.404	.491	.03

TABLE 2 TOTAL ASSOCIATIONS, DIRECT AND TOTAL INDIRECT EFFECTS OF THE SIGNIFICANT RELATIONSHIPS IN THE MODEL

DEPENDENT VARIABLE AND THE COEFFICIENT OF DETERMINATION (R^2)	INDEPENDENT VARIABLE	TOTAL ASSOCIATIONS	DIRECT EFFECT	TOTAL INDIRECT EFFECT
(DIRECT EFFECTS WITHIN THE MODEL: CRITERION VARIABLE)				
Informal Support (R^2=.14)	No. Psychological problems	.48	.47	.01
	Age Density	-.11	-.09	-.02
	Age Discrimination	.13	.05	.08
(INDIRECT EFFECTS WITHIN THE MODEL: NEED FACTOR)				
No. Psychological problems (R^2=.18)	Health Status	-.40	-.33	-.07
	Gender (Female)	-.16	-.09	-.07
Perceived Health Status (R^2=.18)	Employment status: Retired vs Disabled —	-.35	-.32	.03
	Family Income	.24	.14	.10
	Education	.17	.09	.08
	Employment status: Retired vs. Housewife	-.03	-.06	.03
(INDIRECT EFFECTS WITHIN THE MODEL: ENABLING FACTOR FAMILY VARIABLES)				
Family Income (R^2=.33)	Education	.31	.21	.10
	Living Arrangement: Parent & Children	.30	.39	-.09
	Husband & Wife	.26	.39	-.13
	Working —	.29	.14	.15
(INDIRECT EFFECTS WITHIN THE MODEL: ENABLING FACTOR COMMUNITY VARIABLES)				
Age Density (R^2=.12)	Ethnicity: Mexican American vs Cuban	-.06	-.09	.03
	vs Puerto Rican	-.23	-.24	.01
	vs South/ Central Americas	-.16	-.20	.04
	Age Discrimination	-.09	-.09	
	Nativity (U.S. Born)	.20	.10	.10
(INDIRECT EFFECTS WITHIN THE MODEL: PREDISPOSING FACTOR ATTITUDE & BELIEF VARIABLES)				
Age Discrimination (R^2=01)	Employment Status: Retired vs. Housewife	-.08	-.10	.02

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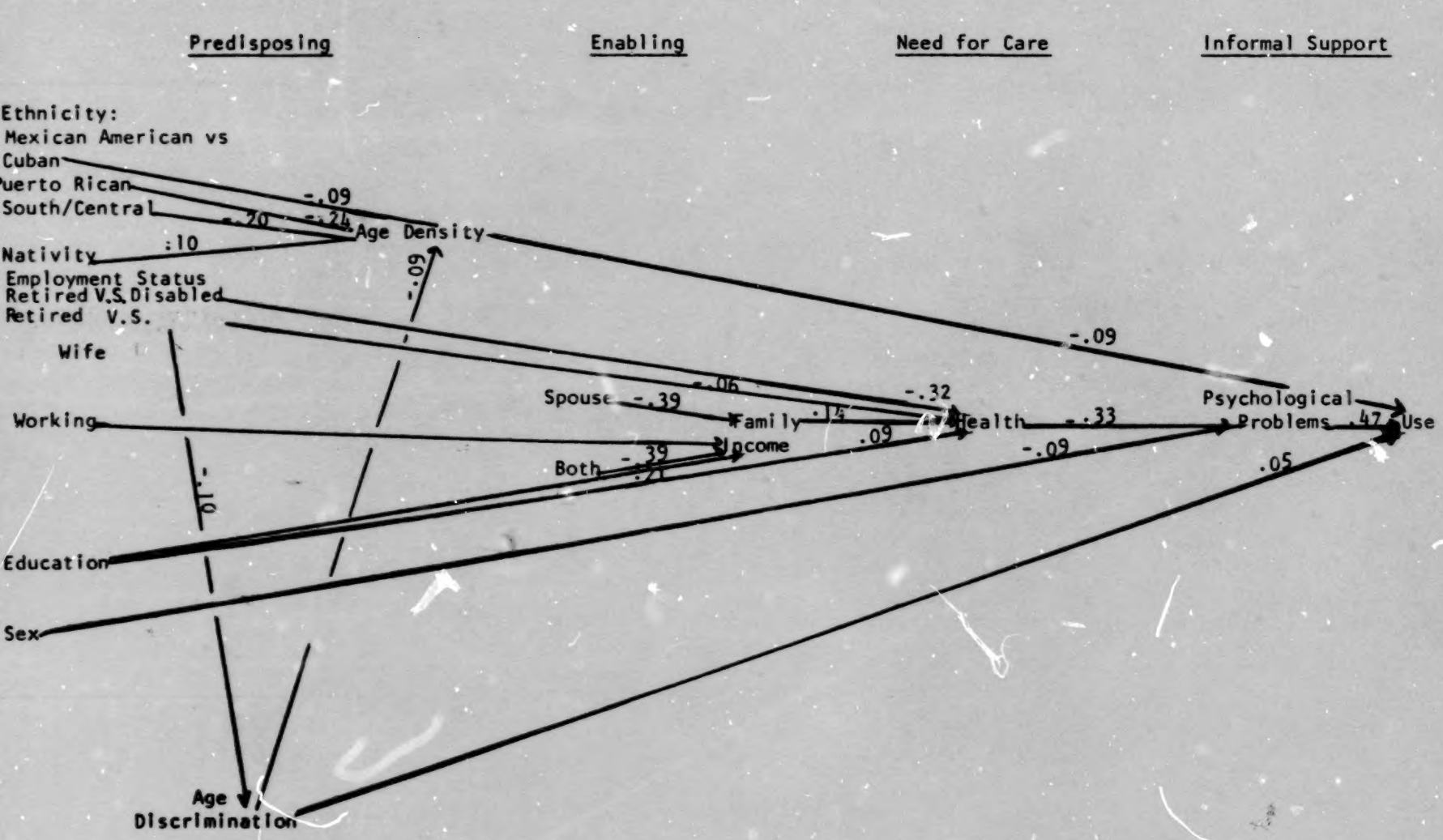

FIGURE 2

Final Path Model